

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	<i>000001</i>	<i>10/15/90</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>10/21/90</i>
FORMALITY REVIEW	<i>KZ</i>	<i>7172</i>	<i>10-28</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
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29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
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36	✓	✓	✓
37	✓	✓	✓
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41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
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45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
54	✓	✓	✓
55	✓	✓	✓
56	✓	✓	✓
57	✓	✓	✓
58	✓	✓	✓
59	✓	✓	✓
60	✓	✓	✓
61	✓	✓	✓
62	✓	✓	✓
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75	✓	✓	✓
76	✓	✓	✓
77	✓	✓	✓
78	✓	✓	✓
79	✓	✓	✓
80	✓	✓	✓
81	✓	✓	✓
82	✓	✓	✓
83	✓	✓	✓
84	✓	✓	✓
85	✓	✓	✓
86	✓	✓	✓
87	✓	✓	✓
88	✓	✓	✓
89	✓	✓	✓
90	✓	✓	✓
91	✓	✓	✓
92	✓	✓	✓
93	✓	✓	✓
94	✓	✓	✓
95	✓	✓	✓
96	✓	✓	✓
97	✓	✓	✓
98	✓	✓	✓
99	✓	✓	✓
100	✓	✓	✓

Claim	Final	Original	Date
110	✓	✓	✓
112	✓	✓	✓
113	✓	✓	✓
114	✓	✓	✓
115	✓	✓	✓
116	✓	✓	✓
117	✓	✓	✓
118	✓	✓	✓
119	✓	✓	✓
120	✓	✓	✓
121	✓	✓	✓
122	✓	✓	✓
123	✓	✓	✓
124	✓	✓	✓
125	✓	✓	✓
126	✓	✓	✓
127	✓	✓	✓
128	✓	✓	✓
129	✓	✓	✓
130	✓	✓	✓
131	✓	✓	✓
132	✓	✓	✓
133	✓	✓	✓
134	✓	✓	✓
135	✓	✓	✓
136	✓	✓	✓
137	✓	✓	✓
138	✓	✓	✓
139	✓	✓	✓
140	✓	✓	✓
141	✓	✓	✓
142	✓	✓	✓
143	✓	✓	✓
144	✓	✓	✓
145	✓	✓	✓
146	✓	✓	✓
147	✓	✓	✓
148	✓	✓	✓
149	✓	✓	✓
150	✓	✓	✓

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)